

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFAADING INK.—THIS IS A PERMANENT RECORD.
 W. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THIS CHILD, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of *Charleston*
 Township of *Johns Island*
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
3490

Registration District No. *925* Registered No. *16*
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Frederick Jenkins* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *No* (7) DATE OF BIRTH *Feb 25, 1922*
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Illegal*
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY *.....*
 (Year)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth *One*

MOTHER.

(14) NAME BEFORE MARRIAGE *Rosa Jenkins*
 (15) PRESENT POSTOFFICE OF MOTHER *Johns Island*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *17*
 (Year)
 (18) BIRTHPLACE *Edisto Island*
 (19) OCCUPATION *Farm laborer*
 (21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *8 P. M.*
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Kenneth Capers*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Johns Island

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by midwife)
 (27) Filed *March 22, 1922* (28) *Mrs. F. W. Wells*
 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

State of Columbia, Columbia, S. C.